



C&RCFD 004
REV 07/04

CHILD & RESIDENTIAL CARE
FACILITIES DIVISION

PHONE: (202) 442-5929
FAX: (202) 442-9430

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH CARE REGULATION AND LICENSING ADMINISTRATION



MAILING ADDRESS:

825 North Capitol Street, NE
2nd Floor
Washington, DC 20002

Reference Letter

_____ has made an application to operate a child development facility in the District of Columbia. The person has recommended you as a reference. Would you kindly fill out the form below to the best of your knowledge and return the form to this office as soon as possible?

Sincerely,

Valerie A. Ware
Program Manager

Your Name: _____

PRINT OR TYPE

Occupation: _____

Address: _____

Telephone No: _____

How long have you known the applicant? _____

Are you related? Yes ☐ No ☐

Do you have any knowledge of the applicant's professional training or qualifications in providing care or supervision to children?

Yes ☐ No ☐

If yes, please describe: _____

Have you ever employed or been employed by the applicant? Yes ☐ No ☐

If yes, in what capacity? _____

Would you recommend the applicant to care for children? Yes ☐ No ☐

Why? _____

Signature and Date

Return this form to the above address: Attention: _____

C&RCFD Staff Person